



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BARBERING AND COSMETOLOGY PROGRAM
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
COMMISSIONER

TRAINEE AFFIDAVIT – MANICURIST

TRAINEE NAME: _____ License Number: _____

Initial Registration Date: _____ Expiration Date: _____

Qualified Supervisor: _____ License Number: _____

Check If Applicable: ☐ Completion of Trainee Program ☐ Discontinue Training
Date: _____ Date: _____

CREDIT GRANTED FOR INSTRUCTION AND TRAINING IN THIS TRAINING LOCATION

Courses	Hours	Operations	Courses	Hours	Operations
Anatomy & Physiology, structure of skin and nails, sterilization			Science and theory or manicuring and pedicuring, Pedicuring		
Equipment and implements, electrical devices			Management including laws and rules		
Hygiene, bacteriology, sanitation, bone muscles, nerves, arteries, glands as			Manicuring, including artificial nails, application of polish(liquid or powder		
				Total Training Hours	

I, as the Qualified Supervisor, hereby certify that instruction and training as contained in this affidavit was provided and received by the above named Trainee and was satisfactory. The training and instruction provided to this trainee is in accordance with applicable rules established by the Barbering and Cosmetology Program.

Direct Supervisor

Signature of Trainee

Date

GERALDINE L. BETTS, ADMINISTRATOR
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EMAIL:
GERALDINE.L.BETTS@MAINE.GOV

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